

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=63-018769

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 337 Primary Registration District No. 4492 Registrar's No. 9

FILED APR 29 1963

1. PLACE OF DEATH a. COUNTY <u>Shelby</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Macon</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Clarence</u>		c. CITY OR TOWN <u>Macon, Mo.</u>	
Length of stay in 1b <u>3 Month</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) <u>Clarence, Mo.</u>		d. STREET ADDRESS (If outside, give location) <u>Clarence, Mo.</u>	
3. NAME OF DECEASED (Type or print) First <u>John</u> Middle <u>William</u> Last <u>Wright</u>		4. DATE OF DEATH Month <u>Feb.</u> Day <u>25</u> Year <u>1963</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>Colored</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Nov 9, 1874</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Laborer</u>	
11. BIRTHPLACE (City and state or country) <u>Macon County</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Amos Wright</u>		13b. MOTHER'S MAIDEN NAME <u>Jennie Smith</u>	
14. NAME OF HUSBAND OR WIFE <u>Jessie Wright</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. INFORMANT <u>Albert Wright</u>		17. ADDRESS <u>Clarence, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>CHRONIC MYOCARDIAL FAILURE</u> DUE TO (b) <u>CHRONIC CARDIOVASCULAR RENAL</u> DUE TO (c) <u>HEART DISEASE 1 year</u> INTERVAL BETWEEN ONSET AND DEATH <u>8 months</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a).			
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour <u>4:05</u> a.m. <u>p.m.</u> Month, Day, Year <u>Feb 14, 1963</u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>Clarence, Mo.</u>	
20g. COUNTY		20h. STATE	
21. I attended the deceased from <u>Feb 14, 1963</u> to <u>Feb 25, 1963</u> and last saw him alive on <u>Feb 24, 1963</u> Death occurred at <u>4:05 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>B. Edgington D.O.</u>		22b. ADDRESS <u>Clarence, Mo.</u>	
22c. DATE SIGNED <u>3-1-63</u>		22d. SIGNATURE <u>Greening</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Feb. 28, 1963</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>		23d. LOCATION (City, town, or county) <u>Clarence, Mo.</u>	
23e. STATE <u>Mo.</u>		23f. DATE RECD. BY LOCAL REG. <u>3-6-63</u>	
23g. REGISTRAR'S SIGNATURE <u>Greening</u>		23h. ADDRESS <u>Clarence, Mo.</u>	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

USE BLACK INK

OR

TYPEWRITER RIBBON

VS 300  
Rev. 4/59

1 1020

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12 91-2

13 4-1

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. 689

working under my personal supervision.

Student

William J. Greening  
Signature of Student Embalmer

Signed

Charles V. Greening

Licensed Embalmer No. 34675

P. O. Address

Clarence J. Greening

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Permit not obtained 3-6-63 (H.A.)